

Amended MDR Tracking Number: M4-04-0988-01 (**Previously M4-03-2628-01**)

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 1/31/03.

The AMENDED FINDINGS AND DECISION supersedes all previous decisions rendered in this medical payment dispute involving the Requestor and the Respondent.

An Order was rendered in favor of the Respondent. The Requestor appealed the Order to an Administrative Hearing because the issue in this dispute is maximum allowable reimbursement (MAR). Reimbursement was not calculated per Rule 134.503 (a)(2)(A). The Medical Review Division's Decision of 8/20/03, was appealed and subsequently withdrawn by the Manager of the Medical Review Division applicable to a Notice of Withdrawal of 9/19/03.

I. DISPUTE

Whether there should be additional reimbursement of \$26.32 for date of service 10/16/02. The Respondent denied additional reimbursement as "Z650 Charge for this procedure exceeds average wholesale price plus mark-up." No other issues were raised in the Respondent's audit summaries.

II. RATIONALE

The Respondent submitted a response to the initial request completing the TWCC-60. The Carrier asserts in their letter of 2/26/03, they never received the Requestor's additional information. The Commission requested additional documentation from the Requestor on 2/13/03. The Commission, on 2/24/03, received additional information that was within the 14 calendar days of the Requestor's receipt of the request. The Carrier Representative signed for additional information on March 4, 2003. A 14-day response was not noted in the Commission's case file. The Carrier has failed to timely respond.

The Requestor billed \$209.60 for Carisoprodol 350mg #60 which is a generic drug, for date of service 10/16/02. The Respondent has reimbursed \$183.28. The Requestor billed in accordance with Rule 134.503 (a)(2)(A). Therefore, additional reimbursement is recommended. According to the 2002 Red Book, the AWP for Carisoprodol 350mg #60 is $\$164.48 \times 1.25 + \$4.00 = \$209.60 - \183.28 Carrier reimbursement = \$26.32.

III. AMENDED DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is entitled to additional reimbursement for Carisoprodol 350mg #60 in the amount of \$26.32. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$26.32 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Amended Decision is hereby issued this 21st day of October 2003.

Medical Dispute Resolution Officer
Medical Review Division